

IMMIGRANT/NON-IMMIGRANT INFORMATION AUTHORIZATION

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of the Bureau of Citizenship and Immigration Services and/or the Department of State. I am furnishing his office with the following information to aid in the inquiry.

(Please furnish as much information as possible pertaining to your request.)

INFORMATION ABOUT YOU (THE PETITIONER):

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DATE AND PLACE OF NATURALIZATION: _____

DATE AND PLACE OF BIRTH: _____

ALIEN REGISTRATION /A#: _____ SOCIAL SECURITY #: _____

INFORMATION ABOUT FORMS FILED:

TYPE OF APPLICATION FILED (Please include Form(s) filed): _____

DATE APPLICATION FILED: _____

LOCATION OF IMMIGRATION OFFICE, EMBASSY OR CONSULATE WHERE FILED: _____

SERVICE CENTER RECEIPT #: _____

INFORMATION ABOUT BENEFICIARY OR FOREIGN VISITOR:

NAME(S) OF BENEFICIARY OR VISITOR: [include relationship to you]

PRESENT ADDRESS OF BENEFICIARY: _____

IS THE PROSPECTIVE IMMIGRANT ALREADY IN THE U.S.? _____

IF YES, DATE, PLACE AND CATEGORY OF ADMISSION: _____

Please attach a description of the difficulties that you are experiencing.

SIGNATURE: _____ **DATE:** _____

Return to: U.S. Senator John Cornyn
Occidental Tower
5005 LBJ Freeway, Suite 1150
Dallas, Texas 75244-6199